

SAMPLE

Date: _____

Name: _____

Phone Number: _____

Age: _____

Date of Birth: _____

Social Security #: _____

Address (Street, Apt., City, State, Zip): _____

How long have you lived at this address? _____

Marital Status: _____ Single _____ Married _____ Widowed _____ Divorced _____ Separated

Gender: _____ Female _____ Male

Ethnic Background: _____ Caucasian _____ African- American _____ Hispanic/ Latino(a)
(Optional)

_____ Asian/ Pacific Island _____ American Indian/ Alaskan Native

Other _____

EXISTING BARRIERS

Do you have any environmental, social, physical or health limitations that you feel are preventing you from obtaining and/ or maintaining your independence? **Such information will be kept strictly confidential.**

_____ Anxiety	_____ Transportation	_____ Divorce/ Separation
_____ Self- Esteem	_____ Job Training	_____ Seasonal Employment
_____ Motivation	_____ Lack of Skills	_____ Rate of Pay
_____ Financial	_____ Clothing	_____ Substance Abuse (Own/ Other)
_____ Childcare	_____ Appearance	_____ Domestic Violence
_____ Disability	_____ Employment	_____ Language Barrier
_____ Social Security	_____ Depression	_____ Housing
_____ Parenting issues	_____ Medical Problems	_____ Other: _____

Comments: _____

Are you taking any medication? _____ Yes _____ No

If so, what type of medication are you taking and what is the scheduled time?

EXISTING BARRIERS (continued)

Have you ever gone, or are going for personal counseling and/ or rehabilitation? ____ Yes ____ No

Location: _____

Therapist: _____

EDUCATION

Put a check near the areas of education you have completed?

____ Grammar/ Grade School ____ Technical School ____ College Graduate ____ Trade School
____ High School ____ Business School ____ Currently enrolled in school
____ GED ____ Associate Degree ____ JTPA ____ Other

Other/ Comments: _____

Do you have any certificates and/ or licenses? ____ Yes ____ No

Specify: _____

Grammar/ Grade School

Name of School: _____

Address: _____

Graduate: ____ Yes ____ No

What Year? _____

High School

Name of School: _____

Address: _____

Graduate: ____ Yes ____ No

What Year? _____

Voc./ Technical School

Name of School: _____

Address: _____

Graduate: ____ Yes ____ No

What Year? _____

College

Name of School: _____

Address: _____

Graduate: ____ Yes ____ No

What Year? _____

Do you plan to attend school in the future? ____ Yes ____ No

If yes, what type of education and/ or training would you like to pursue? _____

FAMILY INCOME/ SOURCES

(Check One)

____ Under \$5, 000

____ \$9, 001 - \$15, 000

____ \$20, 001 - \$25, 000

____ \$5, 001 - \$9, 000

____ \$15, 001 - \$20, 000

____ over \$25, 000

Are you receiving any of the following benefits?

____ SSI

____ Pension

____ Workmen's Compensation

____ TANF

____ Food Stamps

____ Unemployment

____ Child Support

____ Alimony

____ Medical Benefits (NJ Kid Care, Medicaid, Medicare, Employers Ins.)

____ Other (Specify)

If so, what is your Weekly/ Bi- weekly/ Monthly/ Yearly income? _____

How long have you been receiving these benefits? _____

EMPLOYMENT HISTORY

(Start with the most recent position held)

1. Name of Employer: _____
Address of Employer: _____
Position: _____ Date: From _____ To _____
Name of Supervisor: _____ Salary: _____
Phone Number: _____ F/T P/T Seasonal Volunteer
What did you like about the place of employment? _____
What did you dislike about your place of employment? _____
Duties _____
Reason for leaving: _____
May we contact your current/ former employer? _____ Yes _____ No

2. Name of Employer: _____
Address of Employer: _____
Position: _____ Date: From _____ To _____
Name of Supervisor: _____ Salary: _____
Phone Number: _____ F/T P/T Seasonal Volunteer
What did you like about the place of employment? _____
What did you dislike about your place of employment? _____
Duties _____
Reason for leaving: _____
May we contact your former employer? _____ Yes _____ No

3. Name of Employer: _____
Address of Employer: _____
Position: _____ Date: From _____ To _____
Name of Supervisor: _____ Salary: _____
Phone Number: _____ F/T P/T Seasonal Volunteer
What did you like about the place of employment? _____
What did you dislike about your place of employment? _____
Duties _____
Reason for leaving: _____
May we contact your former employer? _____ Yes _____ No

What kind of work are you fairly confident that you are capable of doing?

_____ No Previous Experience _____ On- and- Off Employment _____ Consistent Employment
_____ Extensive Work History

LOCATION

Is your current place of residence a barrier for you to attend/ obtain employment and/ or training?

_____ Yes _____ No

What city would you be interested in relocating to? _____

If not employed, in what city would you prefer seeking employment? _____

If employed, would you be interested in relocating to the city where you are currently employed?

_____ Yes _____ No

CHILD CARE INFORMATION

Do you currently have child care for your child (ren) during your time of employment and/ or training?

_____ Yes _____ No If yes, Who/Where _____

If no, do you have a family member or a friend that may take care of your child (ren) during your time of employment and/ or training? _____ Yes _____ No Who _____

_____ Adequate child care but no back up plan _____ Inconsistent child care _____ No child care

SOCIAL HISTORY

With whom do you reside?

_____ Parents _____ Spouse _____ Relative _____ Alone _____ Other

Type of Dwelling: _____ Apartment _____ House

Number of Children: _____ Ages: _____ Number residing at home: _____

Members of Household:

Name	Relationship	Gender	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you speak a language other than English? _____

Do you have a Driver's License? _____ Yes _____ No Do you own a car? _____ Yes _____ No

Are you able to use public transportation? _____ Yes _____ No

Is there public transportation near your home? _____ Yes _____ No

PERSONAL NEEDS ASSESSMENT

- | | |
|----------|-------------------|
| 1. _____ | Resolution: _____ |
| 2. _____ | Resolution: _____ |
| 3. _____ | Resolution: _____ |
| 4. _____ | Resolution: _____ |
| 5. _____ | Resolution: _____ |

GOALS:

- | | |
|----------|---------------|
| 1. _____ | SAMPLE |
| 2. _____ | |
| 3. _____ | |
| 4. _____ | |
| 5. _____ | |

Describe your reason for participating in the Family Self- Sufficiency Program and what do you hope to gain from the program: _____

I hereby certify that the information previously noted is accurate. I have received and read the Family Self- Sufficiency Guidelines and agree to abide by the rules and regulations of the program.

Signature of Participant

Date

Signature of Interviewer

Date